



NOTICE TO EMPLOYERS

Veterinary Assistant Controlled Substances Permit (VACSP)

Return to the Board by: _____
(30 days from effective date)

The VACSP holder named below has been placed on probation with the Veterinary Medical Board. As a condition of probation, the permitholder is required to notify all present and prospective employers of the decision in this case and the terms, conditions, and restrictions imposed. Please complete a separate form for each employer.

VACSP holder's name: _____ Permit # _____

Term of probation: From _____ to _____

The Section Below is to be Completed by the Verifying Party

Title: _____ Position: _____

Name of Premise: _____

I have been provided with a true copy of the Accusation or Statement of Issues and the Decision and Order for the VACSP named above.

☐ Yes ☐ No Date that the documents were provided: _____

Your signature verifies that you have read the Board's Accusation or Statement of Issues and the Decision and Order that places this VACSP on probation.

Printed Name: _____

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS SHOWN BELOW:

Veterinary Medical Board
Attn: Probation Unit
1747 N. Market Blvd., Suite 230
Sacramento, CA 95834